

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/706291</i>	FILING DATE		
							APPLICANT(S)			
CLAIMS										
AS FILED	AFTER		AFTER		* IND.	* DEP.	* IND.	* DEP.		
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT					IND.	DEP.
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TOTAL IND.	15									
TOTAL DEP.	14	→	↓	→	↓	→	↓			
TOTAL CLAIMS	29	████	████	████	████	████	████			